

FEE: \$10

NON-REFUNDABLE

Payable to:
Maine State Treasurer

CHANGE OF LICENSE APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION

MAILING ADDRESS:

MAINE REAL ESTATE COMMISSION

35 STATE HOUSE STATION, AUGUSTA ME 04333-0035

PH 207 624-8518

FAX 207 624-8637

HEARING IMPAIRED 888-577-6690

INTERNET WWW.MAINEPROFESSIONALREG.ORG

FOR MREC OFFICE USE ONLY

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

APPRVD BY _____

Mail application, fee and wall license and pocket card, if in your possession, to address above.

This application is a public record for purposes of the Maine Freedom of Access law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers or mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

PART ONE - LICENSEE INFORMATION *All applicants must complete Part One.*

Your Name _____

PRINT your full name as it appears on your current license. Do not use nickname or abbreviations.

Your License # (Ex: BR109999) _____ Expire Date ____/____/____

REGISTERED ADDRESS **MANDATORY** – Enter your home or other address at which you are able to receive official Commission correspondence. This address is considered public information and may be posted on the internet. Enter a P O Box or other non-home address if you do not wish to have your home address released to the public. **DO NOT** enter a real estate agency address here.

☐ **CHECK HERE IF NEW ADDRESS.**

Street/PO Box _____

CITY _____ COUNTY _____

STATE _____ ZIP (+4) _____ - _____ PH () _____ - _____ EMAIL (Opt.) _____

PART TWO - CHANGES TO MY LICENSE *Check and complete all sections that describe the changes you wish to make.*

☐ Change My Name to: _____

PRINT your NEW name. You may not use a nickname or abbreviations.

☐ Agency Affiliation Complete this section in full if changing agencies, re-establishing affiliation with an agency or activating your license.

Agency Name _____

Agency License Number _____ Agency License Expire Date ____/____/____

Agency Mailing Address Street or P O Box _____

City _____ County _____ State _____ Zip _____ Phone ____/____-____

Agency Physical Location Street _____

City _____ County _____ State _____ Zip _____ Phone ____/____-____

Designated Broker's Name _____

Designated Broker's License Number _____ D.B. License Expire Date ____/____/____

☐ Change of Present Agency's Legal or Trade Name _____

☐ Broker to Designated Broker - Check if you are changing status from broker to designated broker.

☐ Designated Broker to Broker - Check if you are changing status from designated broker to broker.

☐ Activate License - Also complete Section 2 – Agency Affiliation and attach continuing education certificates.

☐ Inactivate License – Complete Part One in full. Designated Broker signature is not required.

EFFECTIVE DATE OF CHANGES REGISTERED ON THIS APPLICATION - Indicate the effective date of the change(s). Pursuant to 32 MRSA §13195, changes to your license must be registered with the Real Estate Commission within 10 days after the actual date of the change.

☐ Make the change(s) to my license effective on M/____D/____Y/____

OR

☐ Make the change(s) to my license effective immediately upon receipt of this application by the MREC

SIGNATURE OF DESIGNATED BROKER

DATE

SIGNATURE OF LICENSEE MAKING CHANGE

DATE